

PARSONS DANCE

New York City Summer Intensive

May 19–31, 2008

APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

SCHOOL: _____ YEAR: _____

EXPERIENCE: _____

How did you hear about the Intensive?: _____

Tuition:
\$695 early registration (SAVE \$55) — deadline April 18 *(including full payment and completed forms)*
\$750 regular registration — deadline May 9 *(including full payment and completed forms)*
\$75 non-refundable. No refunds after April 18.

- Enclosed is a check made payable to: PARSONS DANCE. Mail to: 229 W. 42nd St., 8th Floor, New York, NY 10036
- Please charge my credit card.
- AMEX Mastercard VISA CARD #: _____ EXP. DATE: _____

SIGNATURE: _____

Open to participants ages 18 and up.

LIABILITY WAIVER

As a participant in the New York City Summer Intensive, May 19–31,2008 I am stating that I do not have any physical disorder, injury or disability which might jeopardize my participation; and that I assume all risks of any damage, injury or disability to my person or property that may occur as a result of such participation; and that I fully and completely RELEASE, ACQUIT, AND FOREVER DISCHARGE PARSONS DANCE and its respective principals, officers, directors, agents, insurers, employees, representatives, successors and assigns, from any and all claims, actions and causes of action that I may have now or may have in the future of any nature whatsoever. I further state and acknowledge that I will be solely responsible for any and all costs and expenses that I may suffer of any kind, whatsoever, in any matter relating to my participation in Parsons Dance intensive, including, without limitation, costs and expenses arising out of any injury or other damage or loss I or any other person or entity may sustain and that I will not sue or assert any such claim against any of the designated parties. I also agree to allow my likeness to be used in photographs or video relating to this Summer Intensive.

THE UNDERSIGNED HEREBY AGREES AND ACKNOWLEDGES THAT HE/SHE HAS READ, AND UNDERSTANDS AND ACCEPTS CONDITIONS TO PARTICIPATION SET FORTH ABOVE HEREIN AND AGREES TO OBSERVE SUCH CONDITIONS IN FULL.

BY AGREEING TO THE ABOVE, YOU WILL BE SOLELY RESPONSIBLE FOR ANY INJURY OR DAMAGE WHICH MAY RESULT FROM YOUR PARTICIPATION IN PARSONS DANCE SUMMER INTENSIVE, AND WILL GIVE UP AND RELEASE ANY RIGHT YOU MAY HAVE TO SUE FOR INJURIES OR DAMAGES RESULTING THEREFROM.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

SUBMIT

e-mail completed form to info@parsonsdance.org